

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011244

STATE FILE NUMBER

3054

FILED APR 10 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hospital				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 4964 Thrush Ave.	
3. NAME OF DECEASED (Type or print) First JAMES Middle D. Last NOGALSKI				4. DATE OF DEATH Month Mar. 25, 1959 Day Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 10, 1935	
9. AGE (In years last birthday) 23		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Edward Nogalski				13b. MOTHER'S MAIDEN NAME Julia Rosso			
14. NAME OF HUSBAND OR WIFE Joyce Nogalski							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 489-34-3329			
17. INFORMANT Joyce Nogalski				Address 4964 Thrush Avenue.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fractures of the Skull Laceration of the Brain. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS (e.g., in or about home, farm, factory, street, office bldg., etc.) 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20c. TIME OF INJURY Hour a.m. 9:25 a.m. Month, Day, Year March 25, 1959 20f. CITY, TOWN, OR LOCATION St. Louis Mo. STATE 21. I attended the deceased from Death occurred at 9:50 A m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Patrick C. Taylor Coroner (Degree or title) 3 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 3.26.59 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Mar. 28, 1959 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis, Missouri (State) 24. FUNERAL DIRECTOR JOHN STYGAR & SON 25. DATE REGD. BY LOCAL REG. MAR 26 '59 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed DM Rista .....

Licensed Embalmer No. 3980 .....  
P. O. Address St. Louis, Mo. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.